



CITY OF RIVERSIDE
MUNICIPAL VOLUNTEER PROGRAM
Human Resources Department
3780 Market Street
Riverside, CA 92501

Dept/Div/Ctr _____

Date Assigned _____

Date Terminated _____

Volunteer Profile

Please complete this profile in as much detail as possible so that a volunteer assignment can be made to match your needs, abilities and schedule. You will be contacted as volunteer assignments become available.

NAME _____
Please Print

Student ___ Retired ___ Intern ___ Other ___

ADDRESS _____
Number Street
City Zip Code

☐ Male ☐ Female

S.S. # _____

PHONE _____
Home Message

Do you have a valid California Driver's License? Yes ___ DL # _____ No ___
Check the areas below in which you have skills and/or interests:

☐ Audio-visual
☐ Bldg. Maintenance
☐ Clerical
☐ Graphic Arts
☐ Receptionist

☐ Grounds Maintenance
☐ Special Activity Aide
☐ Sr. Nutrition Program
☐ Mechanical Maintenance
☐ Word Processing

☐ Program Assistant
☐ Recreation Helper
☐ Report Writing
☐ Other (Please explain)

IN CASE OF EMERGENCY:

1. _____ PHONE # _____
2. _____ PHONE # _____

PHYSICIAN OR HOSPITAL TO CALL IN AN EMERGENCY:

_____ PHONE # _____

PLEASE PRINT – This information will be detached from your profile card and used for research and statistical purposes only.

YOUR NAME: (Last) (First) (M.I.)		SOCIAL SECURITY NO.: - - - - -	
ETHNIC BACKGROUND: (See reverse side for definition) Choose the one (ONLY ONE) ethnic group with which you most closely identify yourself. <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian <input type="checkbox"/> Other <input type="checkbox"/> Black <input type="checkbox"/> Asian or Pacific Islander or Alaskan Native		SEX: <input type="checkbox"/> Female <input type="checkbox"/> Male	AGE GROUP: <input type="checkbox"/> Under 40 <input type="checkbox"/> Over 40
DISABLED: <input type="checkbox"/> Yes <input type="checkbox"/> No If there is any reasonable accommodation necessary, contact the Personnel Department at 782-5808.		How did you hear about the volunteer program? <input type="checkbox"/> Radio/TV Station: _____ <input type="checkbox"/> Personnel Office <input type="checkbox"/> Newspaper: _____ <input type="checkbox"/> City Employee <input type="checkbox"/> Magazine: _____ <input type="checkbox"/> Job-Line <input type="checkbox"/> Other: _____ <input type="checkbox"/> Friend/Relative	

Briefly list other work experience: _____

List skills, hobbies or interests related to the volunteer work you desire: _____

List at least two (2) local references (employer, teacher, neighbor):

1. _____
Name Address City/State/Zip Phone

2. _____
Name Address City/State/Zip Phone

3. _____
Name Address City/State/Zip Phone

Have you ever been convicted of a felony? (Conviction does not necessarily disqualify you for a volunteer assignment.) _____ Yes _____ No

If yes, please list offense, date, city and state: _____

Indicate languages other than English which you speak fluently: _____

Check the times that you are available to volunteer:

	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Hrs. Per Week
Morning								
Afternoon								
Evening								

Signature of Volunteer _____ Date _____

Under 18 years old must have Parent or Guardian Consent.

Parent or Guardian Signature _____ Date _____